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MAYOR  
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# St. Louis Fire Department Bureau of Fire Prevention



DENNIS JENKERSON  
FIRE CHIEF  
CHARLES COYLE  
FIRE MARSHAL

## HOOD SUPPRESSION SYSTEM PRE-TEST VERIFICATION

Dear Contractor:

**THIS FORM MUST BE COMPLETED AND RETURNED TO US PRIOR TO  
YOUR REQUEST FOR AN INSPECTION/ ACCEPTANCE TEST BY OUR  
OFFICE**

Please check the following categories as it relates to you.

1. ☐ hood system has been installed to meet NFPA 17 or 17A requirements
2. ☐ hood system functions in a manner that satisfies NFPA 17 or 17A
3. ☐ all necessary electrical equipment will shunt upon activation of the hood system
4. ☐ I am requesting an acceptance test for the location listed below.

### INSTALLATION INFORMATION

Location \_\_\_\_\_ Permit Number \_\_\_\_\_

Contractor's Company Name \_\_\_\_\_

Contractor's Contact Person \_\_\_\_\_

Contractor's Telephone# \_\_\_\_\_ Fax# \_\_\_\_\_